



# EXPERIENCE OF MANAGEMENT AMONG HYPERTENSIVE PATIENTS ATTENDING PUBLIC SECTOR PRIMARY HEALTH CARE SERVICES

Sapam Asha Devi<sup>1</sup> | Mrs. K. Chithra<sup>2</sup>

<sup>1</sup> M.Sc. Nursing Final Year, Teerthanker Mahaveer College of Nursing, TMU, Moradabad, U.P.

<sup>2</sup> Assistant Professor, Teerthanker Mahaveer College of Nursing, TMU Moradabad, U.P.

## ABSTRACT

This review deals with the management of hypertension. Hypertension is largely managed in primary care and is an important public health problem in terms of associated stroke and cardiovascular events. Hypertension constitutes a significant and growing burden of disease in South Africa.

**OBJECTIVE:** To explore patients current experiences of chronic care, as well as their motivation and capacity for self-management and lifestyle changes identify and synthesize research literature regarding care and motivation for effective self-management among hypertensive patients.

**METHOD:** This narrative review was intended to explore, describe, and interpret the experience of hypertensive patients. The initial workout starts with the qualitative review literature. A literature review was searched from PubMed, EBSCO, DELNET etc., using key words such as experience, management, hypertensive patients, public sector, primary health care services. Articles from the year are 2003-2015 included in this narrative review.

**RESULT:** Patients experience multiple impediments to effective self-management and behavior change, including poor health literacy, a lack of self-efficacy and perceived social support. With some exceptions, the majority of patients reported not having received adequate information; counseling or autonomy support from their healthcare providers. An extensive literature search was conducted; generating a variety of sources with some of the potential links has also been included.

**CONCLUSION:** The review concludes that health care providers have a vital role in assisting and motivate patients to become effective partners in their care, training, resources and tools are needed.

**KEY WORDS:** experience, management, hypertensive patients, public sector, primary health care services.

## INTRODUCTION:

Hypertension is unique primary causes of death universally. The number of people leaving with the hypertension (high blood pressure) is expected to be 1.56 billion worldwide by the year 2025. Around 75 million people are having high blood pressure, with more people died of hypertension associated cardiovascular disease than from the next three fatal diseases combined in U.S. Hypertension is a therapeutic illness where the pressure in the arteries of blood is insistently raised. The force apply in contrast to the walls of blood vessels, and the extent of this force depends on the cardiac output and the blood vessels resistance is known as blood pressure. Hypertension refers as blood pressure greater than 140 over 90 mmHg. The review aims about discovering was to discover patients present practices of long term care with the inspiration, capability management by self and lifestyle modification recognise and produce research literature related to care and inspiration for active self-management between patients of hypertension.

In one aspect appropriate hypertension self-management and other chronic conditions includes adherence to prescribed action. Self-management mainly includes a treatment plan with self care actions such as enchanting suggested medications, checking physical and behavioural status to create appropriate managing decisions and strategies about care. It contains adherence to given treatments, but this only one aspect of self-management. Between chronic conditions like hypertension, clinical trials have been humbly effective in motivating patients to participate in self-management activities. In spite of the rising evidence on the utility of self-management to increase clinical outcomes for chronic disease and suggestions to use a multi-dimensional method for treatment, management and control of hypertension.

Abdullah, A., (2011), states that patients who are stated positive practices by home blood pressure measurement are willing to participate in treating the hypertension. Purchasing and utilisation of home blood pressure measurement outcome for patients own creativity was not studied earlier. In the absence of information and direction from the health care personnel's many of the patients procured and utilised home blood pressure measurement. The outcome of buying and using HBPM at patients' own creativity has not been studied earlier. This review drive to explore the practices and experiences of these patients. The review hoped to understand the influences of HBPM on the patients by using the qualitative approach. The study result will be helpful for that healthcare personnel's when faced with patients who self initiated the use of HBPM as part of their management of hypertension.

Howes, F., (2010), states that presenting proof and scientific strategies into monotonous regular exercise for modifying physician behaviour is inspiring,

with few studies inspecting the basis for health care personnel's behaviour. Medical inactivity is the recognition of a problem and the failure to act and it has been described as an problem in the management of patients with asymptomatic chronic illnesses such as hypertension, dyslipidaemia and diabetes. Earlier studies have mainly depend on quantitative methods such as surveys, administrative or medical record data. This review generally used a qualitative method to further discover the obstacles to general practitioners commencing hypertensive patients on medication and considering to target.

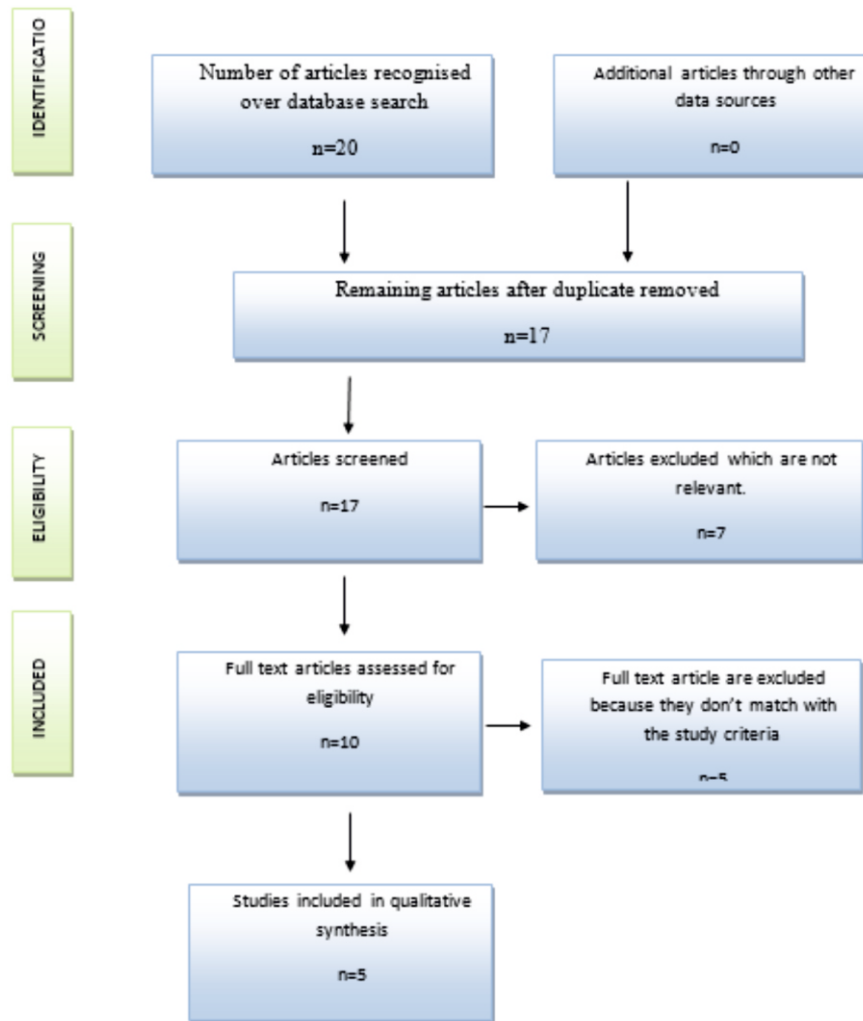
Benson, J., (2002), Patients' difficulties seem as a constant element in making decisions related to medications discovered based on epilepsy, haematological disease, and high blood pressure. While earlier reviews knows the place of patients' reservations in their decisions about taking drugs, further work is required to understand why patients take drugs in spite of their reservations, with respect to specific conditions. A qualitative study was commenced to discover patients' observation about antihypertensives and to designate the range of reservations and reasons to take drugs that patients conveyed and the way that they balanced and also discussed the way in which patients handled side effects of drugs.

## 2. METHODOLOGY:

This narrative review is intended to present experiences of management among hypertensive patients attending public sector primary health care services. The initial exercise began with the qualitative research review literature. The qualitative studies are suitable to explore attitudes, beliefs, and idea perceived and provides life experience. A literature review was completed in which search done from PubMed, Google scholar, EBSCO, DELNET etc., using key words such as experience, management, hypertensive patients, services that are focusing from 2003-2015 in which articles investigating the experience of management of hypertensive patients were appraised and non-English papers, expert opinions, editorials, theses or abstracts were excluded. 20 articles were identified through database search and any additional article was not identified through other sources. In total 20 articles, only three articles are duplicates and these three articles are removed. Total 17 articles are there after removing duplicates and these articles are screened. After screening of 17 articles, seven articles are excluded because these articles are not relevant with the review. Then, 10 articles full text articles are assessed for eligibility. Studies were included if they met the following criteria: focused on hypertensive patients; explore experience of management; assessed lifestyle changes. From 10 articles five full text articles are excluded because these are based on quantitative studies. Then the remaining five full text articles are included because these are based on qualitative studies in which data collection done using semi-structured interview with audio-tape and video-tape. The studies literature found are synthesized and narrative review is prepared.

## 3. RESULTS:

## 3.1 PRISMA CHART



3.2 Table no. 1: Data extraction table-

S.no	Problem statement/ Author	Place of research and year	Objectives	Variables	Tools	Time duration	Outcome	Remarks
1.	A qualitative study of the experiences of care and motivation for effective self-management among diabetic and hypertensive patients attending public sector primary health care services in South Africa.  <i>Katherine Murphy, Thandie Chuma, Catherine Mathews, Krisela Steyn and Naomi Levitt.</i>	Public sector community health centers in Cape Town.  2015	To explore patients current experiences of chronic care, as well as their motivation and capacity for self-management lifestyle changes.	Research variable: Experience of care and motivation for effective self-management among hypertensive patients attending public sector primary health care services.	In – depth interviews	–	Patients experience various impairments to effective self-management and behavior change with poor health literacy, a lack of self-efficacy and perceived social support.	Health care personnel's must accept further patient-centered model to better assist and motivate them for effective partners in their care training, resources and tools are needed.
2.	Patients' views and experiences of technology based self-management tools for the treatment of hypertension in the community: A qualitative study  <i>Glynn L, Casey M, Walsh J, S. P, Hayes, P. R, Harte and Heaney D</i>	Community setting in Ireland  2015	To explore patients' views and experiences of using technology based self-management tools for the treatment of hypertension in the community	Research variable: Patients' views and experiences of technology based self-management tools for the treatment of hypertension	Transcribed semi structured interview	–	The globalization of different technologies has generated behavior changes in the society. Having trust as being of current problems related to the potential effect on meeting with health care personnel's motivated about management by self.	Newer technology of self management tools for managing hypertension are important for allowing and inspired hypertensive patient in order to adapt, demonstrate, busy with the equipment.

3.	Management of Chronic Hypertension in Older Men: An Exploration of Patient Goal-Setting.  <i>Vanessa A Browne, L. Kay Bartholomewb, and Aanand D. Naikc</i>	Houston and Baylor College of Medicine  2007	To describe how goals for the self-management of hypertension are developed and whether they adjust about the features of setting of the goal effectiveness.	Research variable: Management of Chronic Hypertension in Older Men	Semi-structured interviews	–	Participants are aware of the risk factors about the hypertension and plan for managing the ailment, conveying that they administer the self-management decided to make goals but goal setting miss the features necessary for introducing and maintaining behavior modification.	The setting of goal is appropriate for caring of hypertension with chronic condition. Further research is necessary to analyze methods for decreasing the problems to attain the goal and make better in controlling hypertension.
4.	patients' experiences and opinions of home blood pressure measurement  <i>j rickerby and j woodward</i>	general medical practice, uk  2003	to investigate the experiences of individuals who have carried out home bp measurement	research variable: experiences and opinions of hbpm	semi-structured questionnaires	–	major areas of participating blood pressure measurement and making action to resolve the condition within them.	participants accepted and actions related to hbpm identified and obtain eagerness with participants to take obligation to control the condition.
5.	The influence of self-owned home blood pressure monitoring (HBPM) on primary care patients with hypertension: A qualitative study  <i>Adina Abdullah and Sajaratulnisa Othman</i>	Urban primary care clinic, located within the University Malaya Medical Centre in Petaling Jaya, Selangor.  2011	To explore the influence of self-initiated HBPM on primary care patients with hypertension	Research variable: Influence of self-owned home blood pressure monitoring (HBPM) on primary care patients with hypertension	In-depth interviews.	40- 90 minutes	When the patient experiencing with hypertension symptoms HBPM readings both positive and negative impact on following dietary pattern and work out and give support. Home blood pressure measurement makes confuse to the participants related to the target level of blood pressure and necessity of drugs.	Monitoring of blood pressure at home takes a vital role for the hypertensive patients who self-initiated. Home blood pressure measurement report that self-efficient however absence of involvement and advice from the health care personnel's make confused and preventing from taking advantages of home blood pressure measurement.

## RESULTS:

The synthesized study literatures have found only five full text articles eligible in meeting the study criteria that assess the experience of hypertensive patients attending services of District hospital at Moradabad. Patients knowledge of numerous impairments to effectual self- management and changes in the behaviour, which includes poor health literacy, lack of self- efficiency and perceived social support. Their practices advises that the present method to long standing supervision mostly to be be unsuccessful to interact the patient encouragement necessity, feelings of many patient those were worried about their health regarding the quality care. (Katherine Murphy,2015).

Globalisation of advanced technology activated various considerable or common changes in behaviour in the society, yet participants are sole in their use and communication with advanced technology. Faith is constantly matter of its potential impact on meeting with health care personnel's and inspiration around self-care . Possible capability of advanced technology to influence and encouragement by carefully vigilant or personalise interaction that enable a personalized way of therapeutic interaction between health care personnel's and participants were emphasized. (Glynn, L., 2015).

Participants were voluntary to have practice of home measurements and several were happily involved regarding their self-management. Many of the patients show significant knowledge of high blood pressure or its values. Participants were also suggested the awareness of their level of blood pressure within acceptable limits. Most of the patients reported that they are ready to accept additional measurements, and are willingly reflect their treatments in the light of these measurement. The study reveals that, here significant areas to sharing the measurement of blood pressure and making decisions regarding the management of high blood pressure. (Rickerby, J.,2003).

Clients believe that the possible outcomes related to hypertension that enable to reduce hypertension, these reports conduct minimum self care process and establish

informal aims of themselves, after all these insufficient features necessary to introduced and stable behaviour changes. (Brown, A, V., 2007).

Self-initiated HBPM influences both positive and negative. Patients used the HBPM readings analyse the different areas of their management of hypertension. Readings of the HBPM effected both included balanced diet and exercise and provided some confidence when the patient faced the problems. The way of describing patient with health care personnel's leads to increased physician client rapport and relationship. However, home blood pressure measurement cause doubts many patients, regard to the normal blood pressure readings and its necessary for medicines which results to many clients for making decisions on the basis of their self-care.. (Abdullah, A.,2011).

## Analysis of the results can be mainly categorized in themes:

- 1. Individualisation:** Patients with hypertension and their management, approach to their health basically in different areas. The patient who had developed prominent knowledge related to their disease condition generally with their health care personnel's.

## Verbatim:

- “It is an app....it just comes up... it is actually on my e-mails .....but it is amazing what you get from it....so many different things that you could take from that you know ..... I gave up cigarettes and it gives you all different things.”

- 2. Relatedness with healthcare providers:** Patients felt comprehend, cared for and esteemed by their health care personnel's. Experiences of the patient's descriptions point out to numerous problems that recommend the health care personnel's fail to established therapeutic relationship with them due to personnel's does not communicate with the patients in order to make them understand how the disease has been occurred.

**Verbatim:**

- *"When I came to the clinic, tests were done and the doctor just recorded a lot of things in the folder. They didn't really explain anything to me, so even today; I really don't know why I have this thing or what to do. I am worried (65 years old female).*

3. **Trust:** Maintaining trust support that most of the interaction between the participants and health care personnel's their instruments which includes drugs and the patient education. The paternalistic model and physician centred method conversation with health care personnel seem to be based upon the principle of trust.

**Verbatim:**

- *"It is almost like you want to forget about it and just get on with your life and trust that the pills that you are taking are controlling it. So going to the doctor every so often and him taking my blood pressure and it being o.k. that's fine by me I don't really want to know any more about it."*

4. **Modification of lifestyle increased:** Usually most of the patients think that their diet and exercises affecting the level of blood pressure. The participants have taken these readings from HBPM were used as an evaluation tool, to measure the adequacy of their lifestyle modifications.

**Verbatim:**

- *"What do I do? I will note down what food I eat and what activity I did. That was during the holidays. I will note down today what did I eat, then I said maybe this food is good for me then I will note down whether I go for a walk in the morning, whether I sweat. I noticed when I sweat the pressure goes better"*

(10 years of usage of HBPM)

**4. DISCUSSION:**

The review is the first to report the overall self- management and motivation for control and prevention of hypertension. For effective hypertension management structured, client-centred, patient education self- management and change in behaviour assist them to proposed in numerous guidelines. In Mexico and Costa Rica. most of these patients had reported they felt more comfortable while concerned with self-monitoring with community health personnel's speaking about the "vertical style of communication" with the personnel's as being important impediment to self-management effectiveness among diabetic and hypertensive patients. The qualitative study done by Mathew emphasize older diabetic clients explicit required help from the physician including emotional and applicable features of self- management. (Murphy, K.,2015).

In a recent phenomenon health related behaviour obsessed by advanced technology, yet seem to have the capability to transform definitely, patients self- monitoring of high blood pressure and changes in lifestyle. As a value, patients might be unable to get the chance to communicate their health problem and self- care general ship with their doctors. So they didn't receive thorough self- management education. (Glynn, L., 2015).

In a systemic studies, self –monitoring plays an important role in reducing in systolic B.P(-2.5 mmHg) and diastolic BP(-1.8 mmHg). Even though reducing of the blood pressure seems not essential in clinical terms, however, it acts as a constituent to care which leads in reducing cardiovascular disease. (Liam G Glynn,2010).

**CONCLUSION:**

In this study many of the hypertensive patients interviewed were found to be ill equipped to play an active and empowered role in self-care. Patients wants greater assistance and support from their healthcare personnel's. In South Africa in order to make health care personnel's to adopt a more patient-centred approach and to better assist and encourage patients to become effective partners in their care, training ,resources and tools are necessary. Health care personnel's need to be supported by policy and organisational change. The study reveals that patients experience multiple obstruction to effective self-management and behaviour change, including poor literacy , a lack of efficacy and understood social support. For this study most of the hypertensive patients interviewed were found to be not well equipped to play an active and empowered role in self-care. Patients desire greater assistance and support from the healthcare personnel's. Healthcare personnel's adopt a more patient – cantered approach and to better attend and encourage patients to become effective patients in their care, training, resources and tools are needed

**REFERENCES:**

1. Abdullah, A., & Othman, S. (2011). The influence of self-owned home blood pressure monitoring (HBPM) on primary care patients with hypertension: a qualitative study. BMC family practice, 12(1), 1.
2. Brown, V. A., Bartholomew, L. K., & Naik, A. D. (2007). Management of chronic hypertension in older men: an exploration of patient goal-setting. Patient education and counseling, 69(1), 93-99.
3. Benson, J., & Britten, N. (2002). Patients' decisions about whether or not to take antihypertensive drugs: qualitative study. Bmj, 325(7369), 873.
4. Glynn, L., Casey, M., Walsh, J., Hayes, S.P., Harte, P. R., Heaney, D.,(2015), "Patients'

views and experiences of technology based self- management tools for the treatment of hypertension in the community: A qualitative study", BioMed Central, 16,119.

5. Howes, F., Hansen, E., Williams, D., & Nelson, M. (2010). Barriers to diagnosing and managing hypertension: a qualitative study in Australian general practice. Australian family physician, 39(7), 511.
6. Murphy, K., Chuma, T., Mathews, C., Steyn, K., & Levitt, N. (2015). A qualitative study of the experiences of care and motivation for effective self-management among diabetic and hypertensive patients attending public sector primary health care services in South Africa. BMC health services research, 15(1), 1.
7. Rickerby, J., & Woodward, J. (2003). Patients' experiences and opinions of home blood pressure measurement. Journal of human hypertension, 17(7), 495-503.
8. Steyn, K., Levitt, N. S., Patel, M., Gwebushe, N., Lombard, C., & Everett, K. (2008). Hypertension and diabetes: poor care for patients at community health centres. Journal of Endocrinology, Metabolism and Diabetes of South Africa, 13(2), 64-70.